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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional)	
<b>FY 2006</b>			
(Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number <u>10/728,857</u>		Filed <u>12/08/2003</u>	
For <u>Compudigm Services Inc.</u>			
Art Unit <u>2174</u>		Examiner <u>Jinhee J Lee</u>	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$80	\$ <u>60</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1580	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \_\_\_\_\_ I have enclosed a duplicate copy of this sheet.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☒ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

\_\_\_\_\_  
Signature

11 April 2007  
Date

SAVAS KERDEMELIDIS  
Typed or printed name

(877) 846 2212  
Telephone Number

COMPUDIGM INTERNATIONAL LIMITED

N B: signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 6 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file and by the U. . . . . to process an application. Confidentiality is governed by 35 U. . . . . C. 1 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the U. . . . . time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U. . . . . patent and trademark office, U. . . . . Department of Commerce, . . . . . Box 1450, Alexandria, VA 22314-5000. D N N END FEE R C M L E D F R M HI ADDRE . SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.